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## BIB DATA SHEET

CONFIRMATION NO. 5708

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS   | GROUP ART UNIT              | ATTORNEY DOCKET<br>NO.                                       |                         |                               |
|--|---|---|-----------------------------|--|-------------------------|-------------------------------|
| 10/576,636   | 03/12/2007  | 601   | 3771                        | BRKP:021US   |                         |                               |
| <b>RULE</b>  |   |   |                             |  |                         |                               |
| <b>APPLICANTS</b><br>Christer Sinderby, Toronto, ON, CANADA;<br>Jennifer Beck, Toronto, ON, CANADA;<br>Christer Strom, Pitea, SWEDEN;                                      |   |   |                             |  |                         |                               |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/CA04/01851 10/21/2004      yes CB<br>which claims benefit of 60/514,449 10/23/2003              yes CB |   |   |                             |  |                         |                               |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |   |                             |  |                         |                               |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>08/17/2007   |   |   |                             |  |                         |                               |
| Foreign Priority claimed   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   | <b>STATE OR<br/>COUNTRY</b> | <b>SHEETS<br/>DRAWINGS</b>                                   | <b>TOTAL<br/>CLAIMS</b> | <b>INDEPENDENT<br/>CLAIMS</b> |
| 35 USC 119(a-d) conditions met   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <input type="checkbox"/> Met after<br>Allowance | ON                          | 6  | 49                      | 5                             |
| Verified and   | /CHRISTOPHER<br>JAMES BLIZZARD/<br>Examiner's Signature   |   |                             |  |                         |                               |
| Acknowledged   | Initials  |   |                             |  |                         |                               |
| <b>ADDRESS</b><br>FULBRIGHT & JAWORSKI L.L.P.<br>600 CONGRESS AVE.<br>SUITE 2400<br>AUSTIN, TX 78701<br>UNITED STATES  |   |   |                             |  |                         |                               |
| <b>TITLE</b><br>Combined Positive and Negative Pressure Assist Ventilation   |   |   |                             |  |                         |                               |
| <b>FILING FEE<br/>RECEIVED</b><br>2880   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   |                             | <input type="checkbox"/> All Fees                            |                         |                               |
|  |   |   |                             | <input type="checkbox"/> 1.16 Fees (Filing)                  |                         |                               |
|  |   |   |                             | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                         |                               |
|  |   |   |                             | <input type="checkbox"/> 1.18 Fees (Issue)                   |                         |                               |
|  |   |   |                             | <input type="checkbox"/> Other _____                         |                         |                               |
|  |   |   |                             | <input type="checkbox"/> Credit                              |                         |                               |